PRACTICAL OBSERVATIONS AND SUGGESTIONS ON THE TREATMENT OF MENTAL AFFECTIONS.

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PRACTICAL OBSERVATIONS,

&c.

Some of the greatest difficulties which oppose themselves to the cure of Insanity, arise from the indiscreet steps which are too frequently taken by the friends of a patient upon first discovering his malady; and this is to be attributed, in a great measure, to the popular, but most mischievous error, of supposing the different *forms* of Insanity to be *merely degrees* of the same disease, instead of regarding them rather in the nature of different diseases. Hence the common notion appears to be, that if an insane patient is not a positive Maniac, it is only because his disease has not *yet* arrived at the maniacal point; at which point, however, it is supposed that at any moment it may arrive. The consequence is, that it happens almost invariably, upon a person being visited by this calamity,—no matter in what form,—that the first and all-absorbing idea which possesses the minds of those around him is, the consideration of how they may most effectually prevent him from doing them, or himself, injury; and forthwith he is consigned to a Lunatic Asylum:—yet in all probability he has not committed a single act, indicating a disposition to injure one or the other.

But the friends will attempt to justify the step taken, by saying, "Why, although he has not yet shown a disposition to injure himself or others, one cannot tell what he may do; and if anything should happen, consider the responsibility!"

Having satisfied their fears, by securing the person of the patient, they now begin to think what can be done to bring about his recovery: but, by this time, the probability of such a result has become greatly diminished:—It is most important to gain the patient's confidence:—His friends have proclaimed to him the fact that *they* deem him mad—is it not natural that he should henceforward look upon them as enemies, and regard them with mistrust and hatred?—He finds himself in a house, the doors and windows of which are carefully secured;—he regards it as a prison, and those around him as jailers—is he likely to give his confidence in that quarter?—The friends now visit the patient—he does not receive them affectionately,—could they expect that he would? They, however, are prepared only to find their own notions confirmed: and accordingly, they discover in this fact, further evidence, confirmatory of his madness: for "he dislikes and mistrusts those who were formerly dear to him." But probably he does more:—he receives them with violent language; possibly attempts personal violence:—If any doubt had lingered in their minds, it is now removed; and they congratulate themselves upon having acted perfectly right in confining him.—It never occurs to them that many a *sane* man would have been as violent, with half the provocation; nor do they for a moment imagine that they themselves may have made him what they now find him.

If the friends of the patient happen to be weak or timid persons, his violent reception of them may have a serious influence upon his future prospects; for they will not be anxious frequently to incur the risk of its repetition, and they will never visit him *alone*. It is the owner's interest that the patient should remain where he is; it is also the keeper's interest, lest he should find his "occupation gone;" and it is the keeper's further interest to prove that his office is no sinecure; therefore, he will not lose any opportunity for working upon the fears of the patient's friends.

The reasons assigned by M. Esquirol for the necessity for secluding and confining insane persons are,—

I. For their own security—for that of their families—and for the maintenance of public order.

II. To remove them from the influence of external circumstances; which may have produced their disorder, and may be likely to protract it.

III. To overcome resistance to curative measures.

IV. To subject them to a regimen appropriate to their situation.

V. To cause them to resume their moral and intellectual habits.

The reasons assigned under the first and third heads will apply almost exclusively to *maniacs*, and to those labouring under *homicidal monomania;* but the second object which, as Dr. Prichard observes, "is the foundation of all curative proceedings," is applicable to almost every case of Insanity, and, to use Dr. Prichard's words, "can only be obtained by withdrawing insane patients from their homes, and secluding them from their families." Upon the manner in which this is attempted, much more depends than is generally imagined,—our success will, generally, be proportionate to the degree of delicacy and prudence with which we act.

It should be borne in mind, that the sensibility of the Insane is *perverted*, not destroyed, or necessarily even obtunded; but, on the contrary, is very frequently morbidly acute; and that the mind is predisposed to the reception of unhealthy impressions. When an erroneous impression is produced upon the mind of a sane person, it may be removed by the process of argument; but in the case of the Insane, it will rarely happen that we can derive any aid from an appeal to the reasoning powers; it therefore becomes a matter of the highest moment that we should exercise the utmost caution

to avoid, as far as possible, doing or saying anything the tendency of which is to produce a disagreeable impression on the patient's mind. Some people will, perhaps, be inclined to say, "Then we must avoid doing or saying anything at all: for whatever we do, the patient will judge erroneously of it." But they lose sight of the fact that erroneous impressions are not necessarily disagreeable ones:—Although we may not be able to prevent the patient's judging erroneously, we may very often be the means of leading him to adopt agreeable instead of disagreeable, and consequently, irritating notions.

It will avail very little "to remove patients from the influence of external circumstances, which may have produced their disorder," unless we at the same time take care to place them in circumstances calculated to induce an agreeable train of ideas, and favorable to the production of healthy impressions, which may displace the morbid ones we are contending with. With this object in view, it is of the first importance to do every thing which may gain us the esteem and confidence of the patient; and that the arrangements for the due care of his person should be so contrived as that they should in no way be calculated to *remind* him of his malady. This latter point is almost impossible of attainment in large establishments, however well conducted: for, to a greater or less extent, there will always be high walls, doors and gates carefully locked, windows barred, and the surveillance of keepers ever to *remind* him that he is deemed a person of unsound mind. Thus the measures taken to secure the personal safety of the patient, become the means of seriously retarding, and, there is too much reason to fear, not unfrequently, the means of for ever preventing a cure.

For this reason a patient who is neither suicidal or dangerous to others, ought never to be placed in an asylum where patients are received who *are* suicidal or dangerous; because it will be of little avail to the former that *his* windows are not barred, if, whenever in his walks he casts his eyes

upon the house, he sees *there are* barred windows:—he is just as effectually reminded that he is in a Lunatic Asylum, as if the bars were to his own window.

When, in the absence of the slightest indication of a disposition to injure themselves, or others, I have contended against patients being subjected to the restraint of bars, bolts, and keepers, the answer I have repeatedly received, and even from medical men, has been, "Oh! but you can never tell what a madman may do,—and suppose anything should happen, look at the responsibility." Now this is verbatim the sapient justification I have frequently heard assigned for placing a patient in confinement. It would, for the most part, be found rather difficult to say what a sane man might do:—if the reason be good in the one case why not in the other? Armed with the good old maxim, "prevention is better than cure," suppose we lock every body up.

It is, generally, with reference to the question of *suicide* that our inability to tell what a patient may or may not do is urged; and it does happen that, as applied to that subject, a more infelicitous assumption could not be adopted: for not only is the insanity of a man not a reason why he should commit suicide, but it is, in a very great number of cases, *an actual security against suicide:*—I have seen many cases of insanity, where I should have had no hesitation in saying that, as long as that man continues insane, he will not, and cannot, under any circumstances, commit suicide.

If we carefully observe the phenomena characterizing each particular case, and ask ourselves whether or not the delusions under which the individual labours are likely to tend to suicide, we shall, in very many cases, not only be able to answer the question in the negative, but we shall be convinced that they are *wholly incompatible* with any disposition to suicide. If this position be correct, it must obviously have an important bearing upon the treatment; as it will enable us to relieve the patient from

such restraints as may be directed to the prevention of suicide.

When, however, a patient has shown a disposition to suicide, *the circumstances under which the disposition was evinced* must be carefully considered, before determining the species of restraint to which he should be subjected:— About two years since a gentleman, twenty-six years of age, who had been for some time in very ill health, was, by a domestic calamity, suddenly placed in a position requiring the exercise of much energy; and under the influence of a morbid impression of his own incapacity, he twice attempted suicide. The energies of his mind had been cramped by too close application to business; and his body enervated by disease. Fortunately for him, his medical adviser was a man who did not make the *care* of his patient a *distinct* consideration, first to be disposed of, and then think of the *cure* at his leisure. Not but that he was fully alive to the proper weight to be attached to the common argument, "suppose anything should happen, look at the responsibility!" but he was not to be scared out of his wits by it. He saw, in the combination of circumstances, sufficient to account for the patient's conduct; and he saw that if he could be withdrawn from business, and the associations connected therewith, and, at the same time, be placed in circumstances calculated to direct his ideas strongly in another channel, that, in all probability, as his bodily health improved, his mind would regain its elasticity. The result satisfactorily proved that this view of the case was correct. The state of his bodily health was sufficient to satisfy the patient of the propriety of his going out of town; and also, that it would be an advantage to be in the house of a medical man; it was, therefore, not necessary to assign any other reason to induce him readily to place himself under my care.

In this case, I felt that so long as any material derangement of his *general* health continued, it would be necessary

that his movements should be carefully watched; at the same time, it was very desirable that such precautions as might be necessary should be so taken as, if possible, not to *remind* him that anything unpleasant had ever occurred. This, as may be supposed, was a matter of some difficulty; and the attempt involved a considerable sacrifice of time and trouble. However, I had the satisfaction to be completely successful.

My house was a detached villa residence, having not the least appearance of security about it; and, *apparently*, he had free ingress and egress to go wherever he pleased. By going out myself as frequently as possible, and taking care that wherever I went he should accompany me, I deprived him of all reasonable opportunity for wishing to go out alone; at least beyond the grounds attached to the house. This plan entailed a great amount of trouble in carrying it out; it being necessary for me, or for some one of my family, very frequently to go out when far from convenient. However, it was strictly carried out, until his improved state of health justified a less strict surveillance. From the first he mixed freely with me in society, and no one was aware that he was other than a visitor at my house. After he had been with me about two months, his general health being perfectly restored, he became exceedingly anxious to return to business; he was, however, persuaded to remain in the country another month. But at the expiration of three months, it was thought desirable to yield to his impatience; so he returned to town, and he has remained perfectly well ever since,—now a period of about a year and a half.

He had been for some time engaged to be married; in consequence, however, of his attempt upon his life, taken in connexion with the fact of there being an hereditary tendency to Insanity in his family, the lady's friends would not permit the union. I looked with considerable anxiety to the effect of that announcement, whenever it should be made to him.

However, it is gratifying to find that, notwithstanding the *severity of the test*, his mind has remained unshaken.

In a recent debate in the House of Commons, it was observed by Sir George Strickland, that "much of the cruelty inflicted upon insane persons arose from the fact of their being left to the care of *low and ignorant* persons during the absence and residence elsewhere of the *bonâ fide* proprietor." The recent enactment providing most properly that, in future, the owner of an asylum shall reside on the premises, will not, I fear, go far to diminish the evil: for in all large establishments, whether the proprietor be resident or not, patients must necessarily be left, to a great extent, to the management of "keepers." The evils arising from this necessity will of course be greater or less, in proportion to the energy, integrity, and intelligence, of the proprietor.

There are of course cases where the patient requires the constant and strict surveillance of an attendant; and, if that attendant is a well-informed, intelligent person, he may undoubtedly be occasionally of great use in *assisting* to carry out the measures necessary for the patient's cure, or the alleviation of his malady. But, unfortunately, "keepers" are too generally anything but well-informed, intelligent persons. Nor are their services restricted to their legitimate employment: for, instead of merely assisting to carry out the directions of others, in too many instances, they themselves are the *directors*, the entire care and management of the patients devolving upon them, with power to "bind and to loose,"—the proprietor of the establishment doubtless finding it a pleasant thing to have little else to do but to receive the periodical payments.

For the successful treatment of the Insane, those who have the care and management of them should possess a quick perception, a clear and cool judgment, great firmness, but, at the same time, *the utmost delicacy of feeling*—in short, all the qualifications of a well-cultivated mind.

Obedience must be the result either of respect or of fear. It is not to be expected that persons of the class from which "keepers" are usually taken, are likely to inspire patients with respect. *They* can have no other means of obtaining control, than by the influence of fear; and they wish for no other, being quite satisfied with its efficiency. They seize readily upon the first opportunity for introducing the patient to the strait-waistcoat; thinking, and not without reason, that when they have given a demonstration of what they *can* do, the patient is likely to be awed into submission, and their labours lightened. But, if all this should have the effect of prolonging, or confirming, the patient's malady, what matter?—their business is the *care*, not the *cure* of the Insane.

I was last summer requested to see a gentleman who was said to be insane. He was a man of moderate independent property, which had recently been somewhat augmented; since which time he had conducted himself in a manner that excited the alarm of his friends, by giving orders to various tradesmen to an extent altogether beyond his income; and by constantly talking of his "immense wealth." A medical man had been requested to see him, and he had placed a "keeper" in his house; as usual, a low ignorant fellow, whose only conceivable qualification for such a charge was,—that he was young and active.

I found the patient considerably excited, talking constantly of the plans he had in view; many of which were of a nature the most extravagant and absurd;—but on subjects unconnected with his own immediate plans, or the value of his property, his conversation was perfectly rational, and showed him to be a man of extensive information. I was *told* that he had been violent, and that the keeper had been obliged to put hand-cuffs upon him. However, in several interviews, I could detect nothing to lead me to suppose the probability of such a necessity occurring in his case; and, upon closer inquiry, I discovered that the keeper had had a fancy for a

holiday, but found a difficulty in obtaining it, as the patient's valet (a very timid man) objected to be left alone with him. To obviate this difficulty, the keeper clapped hand-cuffs on the patient, and left him until night to the enjoyment of his reflections and his manacles:—This in the year 1845!—How much longer shall such a tremendous power be placed in the hands, and at the *discretion*, of such persons?

I must presume that the first object a medical attendant would have in view would be the cure of the patient; and the question naturally arises, what aid to any curative plan of treatment did the medical man, in this case, expect to derive from the employment of such a coadjutor? One could scarcely suppose that, with a view to cure, he would deliberately do that which should vex, annoy, and irritate the patient; and yet a moment's reflection would be sufficient to convince any one, that such must inevitably be the consequence of placing a gentleman of education, and, withal, naturally a proud man, under the absolute control of a person of menial grade. Such a person *could* only obtain control by resorting to physical force. The most charitable inference I can come to is, that the medical attendant did not reflect what might be the effect of such a step. In reference to this subject, the patient himself observed to me, "Suppose I really had been mad, could not my friends have found some one to be with me with whom I could sit down to table?—Is a man of my consequence to be exposed to the indignity of being locked in his own room by a low, dirty scoundrel like that?"

From what I had seen of the patient, and all I could learn of his history, I was induced to form the opinion that, if he could be withdrawn from his own house, (with which most of his delusions were directly connected,) and his mind kept amused, his delusions would, in all probability, give place to healthy impressions. Ultimately he was placed under my care. By music, cheerful society, reading aloud to him;

by driving him frequently to see the different objects of interest in the neighbourhood; in short, treating him as a sane man, I kept his mind amused, and gained his confidence. He has several times said to me, "Of course, my dear fellow, I know very well you don't think me mad; if you did you would not leave me for days together alone with your wife." Can there be a doubt which is the more likely to be beneficial, an influence so gained, or that which is gained by the fear of physical force?

Under this treatment he improved so greatly, as to leave little doubt in my mind of his ultimate recovery. However, after he had been with me about two months, a Commission in Lunacy became necessary (at least so it was said to be) to protect his property against the rapacity of one or two not over scrupulous creditors, into whose hands he had fallen. His improved condition rendered the result of the Commission very doubtful; however, it did succeed. The consequence of the excitement necessarily attendant upon the holding the Commission was, the undoing, to a great extent, the good which had been done; and although I still think there is a fair probability of his ultimate recovery, it is much to be regretted that so untoward a circumstance should have intervened to retard it.

While the Commission was pending, it became necessary for the medical man who had attended him in town (and who had been much annoyed by his removal) to visit him, for the purpose of making an affidavit. This gentleman amused me considerably by the unwillingness he evinced (in spite of the evidence of his own eyes and ears) to admit the improved state of the patient. I drew his attention to the contrast the case presented. Here was a patient entering freely into society as far as the state of his *general* health would permit;—visiting and seeing visitors; and (at least as far as he himself was aware) enjoying free egress and ingress at my house;—a lady his most frequent com-

panion;—his only fetters,—the influence of kindness and agreeable society. How did this state of things contrast with his former position?—A prisoner in his own house; his mind amused by the music of the massive street-door key grinding in its wards, upon the ingress or egress of all who came to, or left, the house; and under the strict *surveillance* of a strong, active young man, called a "keeper," armed with handcuffs and strait-waistcoat! The *naïveté* of this gentleman's reply was excessively rich: "Oh! he does not know he is under restraint now!" I thanked him for his testimony, telling him that, to have controlled and restrained the patient, without his knowing he was under restraint or control, was to me a satisfactory achievement.

Although I have endeavoured to point out the importance of carefully considering the circumstances of each particular case, and of exercising the greatest prudence and delicacy in determining the species and degree of restraint (if any) which may be requisite, I would not for a moment encourage any attempt to treat the malady at the home of the patient, if there is a possibility for his removal. There is, perhaps, no point upon which the best writers upon the subject of Insanity are so perfectly agreed, as the almost universal necessity for the separation of insane persons from their homes, their families, and their friends, whether confinement be requisite or not:—Esquirol, Pinel, Georget, Willis, and Dr. Prichard have all insisted upon it.

M. Esquirol, after giving a graphic description of a lunatic who fancies himself a sovereign, adds, "The affliction of his family, the chagrin of his friends, the anxiety of all,—their deference to his will and caprices,—and the repugnance that each evinces to oppose him, from the fear of exasperating his fury, *contribute to confirm him* in his imaginary possession of power and dominion. Withdraw him from his pretensions; transport him from his subjects; *surrounded by new scenes*, he will collect his ideas, direct his

attention to himself, and place himself on an equality with his companions."

Dr. Prichard observes, "If the disorder of intellect display itself in connexion with the domestic habits of the individual; —if the real or imaginary causes of excitement are to be found in the bosom of his family, there is on this account an obvious reason for removing him from his home; though it does not follow that confinement is necessary."

M. Georget observes, "Lunatics ought to be separated from the objects which have excited their disease, or which foster or aggravate it;—from relatives or servants whom they pretend to command and to whom they will never submit;—from busy-bodies who only irritate them by useless arguments or misplaced ridicule."

I should wish to guard against being supposed to advocate the patient's removal upon the ground of the very common notion, that the treatment of Insanity is a mystery only to be undertaken by the specially initiated, sometimes ycleped "Mad Doctors:"—No medical man *ought* to be ignorant of the treatment of Insanity, either medical or moral; but there are circumstances surrounding every case of mental alienation which, in most instances, would be sufficient to frustrate the greatest skill, so long as the patient remained in the midst of his family or friends.

In the generality of cases it will be found that the disorder *is* intimately connected with the family or home of the patient; and when we consider that "ideas recur simultaneously with certain impressions; when those impressions and ideas have been frequently associated," it will be obvious that (excepting in a very few instances) it will be worse than useless to attempt the treatment of the patient whilst surrounded by the objects with which his ideas have been usually associated;—I say *worse* than useless, for there is this serious consideration,—failing to succeed,—we have not merely lost so much time; nor is the disease merely rendered more difficult of cure; but the

probability of cure *at all*, is greatly diminished: for there is scarcely any circumstance which so powerfully affects the probable result, as the *duration* of the malady.

I believe that, in most cases, the diseases of the thoracic or abdominal viscera, which we find co-existing with mental disorders, stand in the relation of *cause:* Still, it is beyond dispute, that the mental affection frequently in its turn becomes the cause of new or increased functional disorder of the different viscera; and the power which the mind exercises, in all diseases, over the functions of the body, as influencing the action of remedies, is well known. This it is which renders the removal from home, &c., so important. "The body sympathizes with, or follows, the affections of the soul more in disease than in health. It acts as the soul feels; and thence the influence of the mind in modifying the operation of medicines."* Thus it constantly happens that remedies suggested by the greatest skill, and with an accurate knowledge of the patient's state, are positively inert; but no sooner is the patient placed in circumstances calculated to break through, or divert the mind from, the train of ideas it has been accustomed to, than the very same remedies prove most effective agents.

As I have before observed a very great deal depends upon the prudence with which this separation is effected. Whilst, on the one hand, it is especially necessary to avoid, if possible, practising any positive deception; as by so doing we destroy the patient's confidence in us, when he discovers it; it is, at the same time, not less important that we should as carefully refrain from all allusion to the state of his mind. This will not generally be difficult: for it will rarely happen that there is not a sufficient amount of bodily ailment of which the medical attendant can take advantage to account to the patient for the desire that he should leave home. It will be obvious

* Dr. A. T. Thompson.

that the removal I am contemplating is not to a place of confinement; indeed, the whole of my observations are directed rather to the prevention of such a necessity.

In carrying out any plan of this sort, due regard must always be had to the patient's natural tastes and habits. It is very desirable that, in going from home, he should have some specific object in view; and that the object should be consonant with his natural inclinations in health. In recent cases, by acting upon this principle, and strictly attending to the restoration of the general health, I believe that in very many instances the patient might be restored without having been subjected to any surveillance beyond the companionship of a judicious friend.

The attempts to systematize the treatment of mental diseases has greatly retarded the application of sound and enlightened views to their alleviation. The ignorant keeper of an Asylum appeals triumphantly, in justification of some enormity, to the authority of the system laid down in the book of Dr. A. or Dr. B.: while too frequently the medical man, although, perhaps, accustomed to exercise an independent and vigorous judgment upon *every other* subject which comes before him, by some strange, paralizing fatality, which seems to hang over that of Lunacy, he no sooner approaches it than he surrenders himself a willing captive to the trammels of "a system." Let me ask, what can be more absurd than the notion that morbid affections, infinite in combination, in form, in variety, and in degree, are to be treated according to certain definite rules? Of one only of the cardinal divisions of Insanity (Moral Insanity), Dr. Prichard observes, "the varieties of Moral Insanity are perhaps as numerous as the modifications of feeling or passion in the human mind."

The general rules applicable to this subject appear to me to be:—

To remove the patient from the *external* circumstances which may have contributed to cause, or keep up, the disorder; or may interfere with the employment of remedies.

To carefully direct our attention to the discovery and removal, or alleviation, of such *internal* disorder as may have produced, or may be aggravating, the mental affection.

To use every means calculated to secure the patient's confidence.

To exert ourselves to procure for him the greatest amount of personal comfort and enjoyment of which he is capable. In doing this there should be as little appearance of *design* as possible. Every thing should appear to be done in the common course of things, without reference to the particular individual; indeed, all should appear to be the ordinary arrangements of a family; and the same care should be taken to prevent his identifying himself with any precautions which may appear necessary for his personal safety.

Let these objects be carried out *honestly* and perseveringly by persons properly qualified, and I believe the keepers of Lunatic Asylums might soon turn their bolts and bars "into ploughshares" and their strait-waistcoats into pillow cases: for I am quite convinced that, in very few of those cases in which mechanical coercion is resorted to, is it *really* necessary; and in those few cases, the necessity has generally been the result of previous improper treatment.

In the foregoing remarks, I have endeavoured to point out some of the errors which have fallen under my own observation. If what I have said should have the effect of inducing the medical attendant, or the near relatives of an unfortunate patient, to deliberate carefully before they act, I shall perhaps have been the means of saving the one from the reflection, which to an honourable mind could not but be painful, that, instead of his professional knowledge having been exercised to protect the patient against the folly and ignorance of others, he had thoughtlessly lent its full weight in aid of their silly

fears; and, at the same time, I shall perhaps have saved an affectionate relative the pang arising from the conviction, that, by his precipitation and want of judgment, he has perhaps contributed to render recovery hopeless;*—and, more than all, I may perhaps venture to hope that I may have been the means of preserving to a fellow creature "the best gift of God."

* I am acquainted with the case of a young lady, who has been insane several years. When the malady first appeared she was sent to an Asylum in the country, where Ignorance appears to have been the chief superintendent. She left it a confirmed lunatic.—She now frequently tells her mother, (who is an affectionate parent and a most excellent woman,) "Ah! I know I am mad now; but I should have been well if you had not sent me to . . . . . They made me mad!" In any case, it would be painful to a parent to be so addressed; but, in this case, the misery is enhanced by the conviction that it is probably but too true.

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